

**ATLANTA POLICE DEPARTMENT**  
**Confidential Source Payment Voucher**

<u>Unit</u>	<u>Voucher used for</u>	<u>Defendants</u>
Controlling Officer	Confidential Source payment Information & expenses Purchase of evidence Total	\$ _____ \$ _____ \$ _____ \$ _____
		1. _____ 2. _____ 3. _____

<u>File number</u>	<u>Expenditures</u> <u>Amount</u>	<u>Exhibit number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Purchase of:	<input type="checkbox"/> Drug evidence <input type="checkbox"/> Non-drug evidence	<input type="checkbox"/> Confidential Source payment
Approved	Date	Control #
Narcotics Commander		

**Certification of Cooperating Individual**

I certify that I received payment in the amount of \_\_\_\_\_ Dollars (U.S.) or the equivalent in another currency. I understand that if funds are received for the purchase of evidence, that any unused funds must be returned to the government upon demand and that misappropriation will render me liable for prosecution.

Signature	Date	CS number _____
_____	_____	_____

Remarks

Payer's signature	APD ID #	Date _____
_____	_____	_____
Witness signature	APD ID #	Date _____
_____	_____	_____
Supervisor's signature	APD ID #	Date _____
_____	_____	_____

Approval by SES Commander (when required)

Name and

Title

Signatu

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APD Form 346 Revised 10/8/03  
Formerly Form 32-C-134